

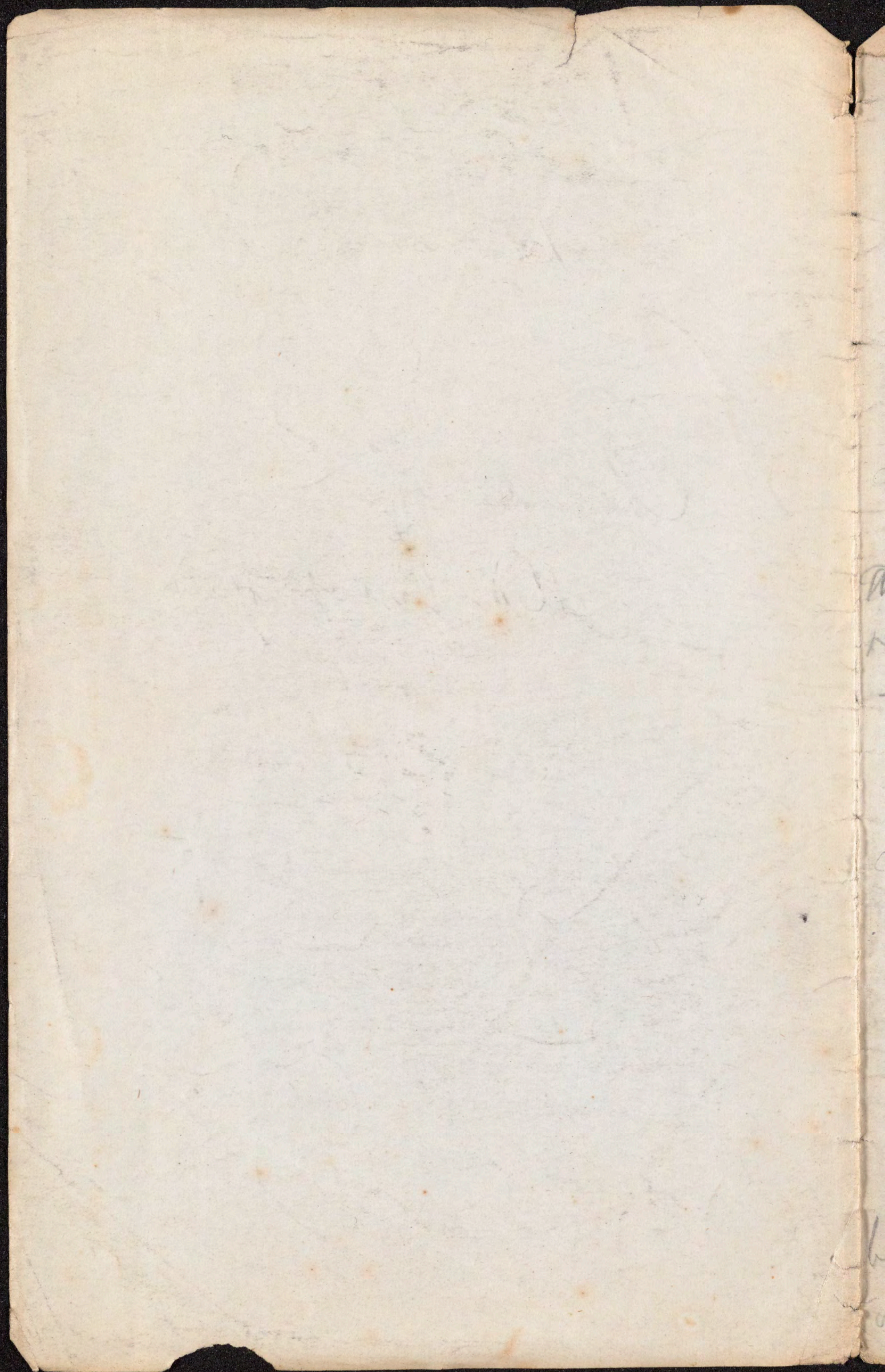
1st Lecture
& 2nd " " —
on

Elements of
Med. Jurisprudence
Wm M. C.

2^{mo} 1870, & 1871

6 Lectures were given on this
Subject, and one on Medical Ethics;
So there must have been (with 2 on
Mental Pathology & Therapeutics) 21 on the
Hygiene & Diseases of Children.

1. Hygiene of Childhood, 2. Diseases of Children, 3. Mental Pa-
thology & Therapeutics, 4. Medical Jurisprudence, 5. Medical Ethics.



Subjects

1. Medical Evidence

2 Lectures

2. Proof of Death

3. Poisoning - Legal Considerations

4. Infanticide

(Personal violence, and

5.

Violent Death generally

(wounds - (blood stains) - hanging - drowning - burns or scalds)

Survivorship, &c

6.

Insanity in its medico-legal relations

(As to confinement as patients, - property questions, - & plus after crime)

Suits for Negligence.
Life Insurance.

(Vide Tamm's new edition)

Medical Ethics

(See Code, old ed. of Tamm)

fiction to clove in
it double all
downa hereditary
ity, for not one
but has a slight
disease or other

Working in the
cholic. Lead p
Lead palsy, is
extensors, chole
pation of bowe
lucifer matches
affects the foot
sounding small
sat into the lu
source, the brain

Elements of Medical Jurisprudence.

Definition: the science of the relations of medicine to law; of the knowledge which the study & practice of surgery, medicine & obstetrics, with the collateral branches, contribute toward legal science & practice; and of the duties and responsibilities connected with such knowledge.

Importance, in 3 aspects -

1. Cause of justice in the ^{particular} case in hand, ^{justice both} private & public -

2. The physician's own reputation

3. The character of the profession represented.

Perfect knowledge of Med. Jurispr. ^{is needed more than cyclopedic} ^{erudition in all the branches} ^{law included}. Required, a fair knowledge; ^{respectable} ^{some of which constitutes a special study - not included in general medicine.} ^{let much neglected} in Med. Colleges in this country, almost altogether - & often to serious disadvantage, in emergencies - which many times cannot be avoided or escaped from.

My early Hosp. experience.

Brooks - Taylor's Manual & Principles -

(Buck, Ray, Quill etc)

Wharton & Stille's - Eggs's Toxic. Med. - Casper -

many of its facts are

Toxicology, taught with Chemistry; - a large subject.

Reese's book (out)

Other Topics of Med. Jurispr. are -

Death from unknown ^{possibly} criminal causes,

^{natural death, or} (Coroner's inquest) - ^{or accident?} ^{if killed,} ^{how & by} as by violence - homicide or suicide

whom? when - that is how long before inspection -

Infanticide - Survivorship - ^{& legitimacy} Personal violence

other than homicidal - Insanity in its legal relations - Malpractice - Life Insurance.

Medical Evidence

Diff. between ordinary & ^{professional} skilled witness.

2

Skilled - 1. facts - 2. opinions.

As to facts, sometimes skilled discernment of them;
as in ex. dead body, to find post m. evidence of
poisoning - in toxicol. analysis, to detect poison
in liquids found in or near the body of one

dead. Important to separate facts from opinions,
in one's mind, in giving evidence.

The ~~facts~~ facts to be made out in view of legal
inquiries are peculiar, as compared with those of ordinary
medical observation.

Suppose, for instance, a physician to be called, as
I was once, to a family several of whose members were
suddenly taken ill. As a physician, - he inquires & ascertains,
what are their symptoms, - what malady these show, and
what is to be done to relieve & restore them. In the
example of the case I refer to, the symptoms were much
like those of cholera morbus - severe vom. & purging,
with, in one or two of the patients, - nervous tremors approaching
to convulsions. To make a diagnosis, it is true, the
cause of these symptoms must be inquired into; but
if this can be inferred, so as to guide the treatment, that

PHILADELPHIA MEDICAL TIMES.

A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, APRIL 24, 1875.

EDITORIAL.

THE MEETING-PLACE OF THE AMERICAN MEDICAL ASSOCIATION IN 1876.

AS is well known, the medical profession of Philadelphia, through some of its most representative men, partially invited the American Medical Association to meet at this place next year. This, under the circumstances, is so eminently proper that we believe it has been acquiesced in generally, and, if we are not misinformed, throughout the country the members of our profession look forward towards visiting Philadelphia during the Centennial. Since last year, however, the idea of a Centennial Congress has ripened into the action of which we take note in another column, and, if Dame Rumor be not a liar, it is intended, by some of those who are supposed to be especially powerful in this city and in the American Medical Association, to sacrifice the latter to the supposed interests of its foreign sister. Confirmation of this rumor is furnished by the fact that neither of our learned societies has as yet taken any official action in regard to inviting the American Medical Association here.

Since the Association has refused to recognize the College of Physicians,—the society to which of all others it owed its origin,—it is not to be wondered at that the College observes a dignified silence; but it is astonishing that the County Medical Society has not ere this passed a formal resolution of invitation. To our thinking, it is already committed to such action, and if it does not go on in the work it will

stultify itself and the profession of Philadelphia before the country.

It is not necessary here to repeat the very obvious reasons there are for holding the meeting of the Association in this city in 1876. Our readers are neither blind nor foolish. It may be worth while to say a few words in regard to the reasons probably assigned by those who are said to be planning to get New York appointed as the place of session.

In the first place, it is affirmed that the regular meeting-time of the Association is such that our whole city will be in 1876 just then swallowed up in the confusion and tumult incident upon the opening of the Centennial. This is readily met by altering the time of meeting to June or some other month.

In the second place, it is stated that it will not do to have two associations meet here at one time. Of course not; but is there not more than one week in the year?

Again, it is objected that delegates will not come twice to the same city, and that at any rate the city will all summer long be so crowded as greatly to inconvenience both visitors and hosts. Of course our city will be crowded; but it is to be hoped our hospitality will be sufficiently elastic to embrace all who come, and we have no doubt that, if no other shelter offers, the profession in their private homes can afford sufficient protection from the storms of midsummer.

There is, of course, some force in the obvious difficulties in the way of meeting; but, not to occupy too much space with this discussion of the matter, it appears to us that all these difficulties would be avoided by leaving the time of meeting for 1876 to be fixed and announced by a local committee, it being understood that they should so arrange that the sessions of the American Medical Association should terminate on a Friday or Saturday and those of the Centennial Congress should commence on the subsequent Monday. No one will be able to exhaust the great exhibition in the afternoons of a single week, and delegates to the first association could readily hold over for the second.

ALMOST A MURDER.

THERE has recently happened in Scotland a curious case of suspected murder, involving such nice points in medical jurisprudence, and illustrating so forcibly the necessity and value of trained experts, as to justify a sketch of it in this place. As the result of such a transaction in this country, where physicians are so often selected by the gov-

ernment because they know nothing about what they are called to investigate, the innocent victim of circumstances would very probably have been hung, or at best involved in an anxious trial, with, likely enough, professional episodes as disgraceful as those which so often adorn our important criminal court proceedings.

A lad, whilst passing along a street in Edinburgh, about one A.M., September 24, 1874, stumbled over the still warm, half-naked body of a man, lying with extended arms across the footpath. The police, being summoned, found that the man had evidently fallen or been thrown from a still open window in a third story. Entering the house, they ascended to the room, and, striking a light, found a second man in the bed, wrapped in the bed-clothes, and, as they thought, feigning sleep. The landlady of the house had already informed them that two men occupied the room together; that one of them, named Stoddart, had been in Australia, and had subsequently become insane, and that the two had quarrelled seriously a day or two before. On shaking Stoddart, he awoke, and denied any knowledge of the whereabouts of his comrade, stating that they had made up their disagreement, and had both gone to sleep sober the night previous.

The pillow of the bed was spotted with blood. The hands of Stoddart seemed damp, as though recently washed, and on one of them were an abrasion and some spots of blood. From the bed to the window was a continuous line of spots, gouts, and pools of blood, and lying in one of the latter was a case-knife covered with blood. The police, believing that Stoddart had either thrown his companion from the window or had attacked him so violently that he had leaped from the window, arrested him, and locked up the room.

Dr. Joseph Bell, who, in the absence of the official medical officer, Dr. H. D. Littlejohn, was first called to the case, decided against the theory of murder, because he believed that the peculiar spotting of the bed-clothes was such as could only have been produced by the spray of a sudden violent cough or sneeze. There were several wounds on the head, but these he decided to be not cuts with a knife, but lacerations due to the fall. He thought that the deceased had been seized with a hemorrhage from an aneurism or from a phthisical lung, awakened with the violent cough of strangulation, rushed to the window, and inadvertently leaned out too far.

The police did not accord in opinion with Dr. Bell, but Dr. Littlejohn, on inspecting the apartment, came to the same decision as the first professional expert. Taking advantage of a fact pre-

viously noted, that spots of blood not visible by daylight become apparent by candle-light, he was enabled to determine that a spray of blood had been thrown upon the wall-paper as well as upon the bed. At the autopsy, the chest, abdomen, windpipe, throat, cervical spine, and cranium were successively examined, but nothing found that could in any way be considered as having been before the fall a source of hemorrhage into the air-passages. Instead of giving the matter up, the physicians finally removed the upper maxillæ, when it was found that the left middle turbinated bone had its mucous membrane ruptured in two places about the size of millet-seeds; in these openings there were minute coagula. As it was ascertained from the relatives of the deceased that he was subject to violent epistaxis, and as a neighbor was finally found who, looking out of the opposite window, saw the man flash past and heard the yell and the heavy thud on the pavement, and who was absolutely certain that there was no noise or struggle in the room, to which her attention was drawn by the open window, the police were finally satisfied, and the prisoner was discharged, fairly freed by expert skill from a most embarrassing position.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT a conversational meeting, held Wednesday, February 10, 1875, at 8 o'clock, P.M.,

VICE-PRESIDENT, Dr. EDWARD WALLACE, in the chair,

Dr. W. T. TAYLOR presented the following history of a case of obstruction of the bowel:

"On Thursday morning, February 4, 1875, about two o'clock, I was called to see P. R., a German, aged 71 years, who was suffering with pain in the bowels, in the left iliac region, attended with some sickness of the stomach. For a year past he had been occasionally affected with bilious colic, followed by jaundice, so that I thought the present attack was similar, and gave him an emetic to empty the stomach, followed by an anodyne carminative.

"On making my morning visit, I found that the vomiting had continued at intervals, and that he had ejected a considerable quantity of a greenish liquid of an intensely bitter taste, but the pain had not abated. The anodyne was continued, and lime-water, with milk-punch, administered, together with a purgative containing blue mass, podophyllin, ext. hyoscyam., and ext. colocyn. comp. I also applied a sinapism to the abdomen. He had some fever, a furred tongue, and a full pulse.

"As the purgative had not operated during the afternoon, I gave an injection of castor oil and molasses with warm water, followed by large injections of warm water and soap, but they came away with very little fecal matter. As the soreness had not subsided in the left iliac region, one dozen leeches were applied, and the abdomen covered with a warm mush-poultice; he also took one grain of blue mass and one-half grain of opium every two hours. The pain diminished somewhat during the night, but the sickness and vomiting

Med. Jurispr. Experts

is all that ~~for the~~ practitioner, as such, is 3
needed. But, suppose further, what happily
did not take place in my ^{mentioned} example, — that death
follows, — the cause being (as in that family
it was, of the symptoms ~~not~~ fatal) poison.
The physician would ~~then~~ ^{then}, as such, have only the
pain of disappointment & sympathy — and the duty
to pathological science of making, if allowed, an
autopsic examination. But, what will
the Law then ask — and oblige him to
testify? 1. Precisely what were the symptoms,
& the time and order of their occurrence, and
all particulars of ~~the treatment~~. 2. What
cause do those symptoms point to — 3. Was
^{or was there} there, not equally possible some other and
natural cause of death; i.e. — supposing
poison to have ^{been} given; must it have been the
cause of death — or may not the patient
have died of something else? 4. What other
evidence of poisoning is there — in the morbid
appearances of organs after death — in the

discovery by chemical means of (4)
poisonous materials in the body —
or of the same in food or other things
near to it? 5. What facts are there,
if poisoning be inferred, suggesting or proving
how or by whom the poison was administered
taken or taken? In the case of the family
I have mentioned, arsenic was found in
the flour from which the family bread
had just been baked, and of which they
all, 4 or 5 persons, had eaten.

Now, if the physician, in case of fatal
results so occurring under his eye, has never
had before his mind the occasion for such
questions — he is unprepared for them.
Medical obs. & medico-legal obs. are
two different things — although at any time
one may have to add the one, unexpectedly, to
the other. In the more difficult & deliberate
medico-legal inquiries, as those connected with
the detection of poisons, the diagnosis of insanity

* e.g. Wharton case, Baltimore, 1871-2.

in criminals & some others, it is getting, (5)
very properly, more common, though not as systematically as it ought to be,* to use the
special skill of experts - trained
to each kind of examination by partic-
ular study. But quite often this is impossi-
ble - the ordinary practitioner must,
in the midst of his ^{other} daily business,
obtain, record & testify to facts, the
estimation & proper account of which
involve a line of thought ^{& knowledge} other than
that of practice alone. Hence it is
not well for any physician to neglect
this study, ^{beforehand} * ^{Am. Med. Association,}
^{My resolution, (Oration not important) 1872.}

Lawyers - acute - & as law
^{are} justice, not at all always the same thing, they
pick flaws actively. - A doctor in the witness
box - "green box" nothing to it. ^{Dr. Warren & lawyer Sykes}
^{in Wharton case: doctors}
^{ought to make no mistakes, 2)}
^{But doctor mistakes my foot for under?)}
^{And lawyer says cause them to be lying upon a tree.}
Habits of close & accurate obser-
-vation always important. Their acquisition

should be made a necessary part of (6)
the training of the physician, from the
first ^{beginning} of ~~the~~ study through to the last
of ~~the~~ practice. In a case of ^{suspected} poi-
-soning, or of death from ^{any quite} unknown cause,
the physician should notice, and
take at once clear and full notes of
everything; not only what happens to
the patient, but around and near
him. Any omission may prove sufficient
to defeat the procedures of justice, no mat-
ter how trivial it may have seemed in
itself. The omission of proper autopsy in the Schaeffe case of
1869-70, & the non-production of antimony in the Wharton case, e.g.

Dying declaration, e.g., of one killed
by violence. - (The rules, & reasons, &
exceptions) Note his exact condition, &c.

Particeps criminis - husband or wife, &c. -

Identical language - don't lead it out -

Get it written & signed when possible, by declarant.

Dying Declaration:

Note (in case possibly for court) exact condition of the person. He must be under strong conviction that he is about to die. Then, not invalidated even though he should recover. This conviction must be shown by his expressions — made note of. In death by violence or poison, it is well to call a magistrate to receive & attest the dying statements. The very words (not their mere meaning or inference) must be recorded, in any case, at the time. Neither must the medical witness call out particulars.



Suppose a physician to be called either (7)
before or just after the death of a person
dying from wounds or poisoning, ~~the~~ ^{the} ~~author~~
then give all of the following items to be noted
by him for testimony.

1. Exact time of death — (^{Inquire -} previous circumst.?)
& how long after this the inspection is made.
2. Position — attitude — general condition of body.
3. State of clothing — bedding — carpet &c.
4. All surrounding objects. Especially any bottles,
papers, weapons, powders or spilled liquids are
to be collected & kept, & their respective position
when found noted.
5. Matters vomited, to be collected & kept.
6. In autopsy, look first at exterior of body;
Livid (face especially) or pale? Warm, or cold?
Rigid, or not? As to rigidity, observe whether it is
clothed or uncovered, fat or thin, young or old; as
these circumstances affect its time of recurrence &
duration.
7. Appearance of countenance; placed, or distorted as
by strife or alarm &c.
8. Marks of violence — on body & dress — blood spots —
9. Internally, — examine & note state of stomach & intestines —

Remove stomach, ligating both ends. Cut (8)
open on a clean dish; - keep contents, apart -
Observe if inflamed - & what part - exact
appearances - Collect contents, if possible, in
clean graduated vessel - Notice - quantity -
odor (several persons) color - reaction -
presence of mucus, blood, or bile - of undiges-
ted food - (farmaceous by ^{unless alkaline} iodine - fat by ether)


Duodenum, contents separate. Other
intestines also - contents observed at least -
& noted - & condition - Hardened feces? -

10. Ex. state of ^{fauces,} windpipe, pharynx, esophagus
(corrosives, & or mechan. obstr.) 11. Ex. lungs,
heart, brain, spinal marrow - for signs of
Natural disease capable of accounting for death -

12 Liver & gall bladder, & urinary bladder
& contents - each in separate jars. -

Remember, it may have to be shown, not only
that poison was probably or certainly present, but
that the person did not die from any nat-
-ural disease. Sudden death (natural) common
from heart, lungs or brain; they must be carefully
ex.

DEATH FROM CHLORAL.—Another death from an overdose of CHLORAL is reported in the *Medical Press and Circular* (January 19). The patient was a lady, who took of a patented preparation a quantity which was ascertained to contain one hundred and twenty-five grains of the drug.





G. TIEMAN

Somet. exhumation, some time after (9
death; even after decomp. ^{for Schoppe case, 13 days after death.} Then
Chas. I? & Nap. I (Coffin etc) stomach with
especially keep & ex. stomach with
Cronwell's head duod., ligated, - & liver & spleen.
Body must be identified by intimate.
Seal up viscera at once, without
contact with metal, or anything ex-
cept clean glass, or china, or wood.
Don't wash with chlor. lime, or put
in alcohol. Keep in clean glass - vessels
corked, or covered with skin, bladder
or sheet. india rubber. (chloroform?)

Identity of substances must
be kept beyond reach of caril. In
~~clean vessels always~~ In your sight or
under your lock & key or seal.
Label each thing at once, with date.

Putting in a "grocery jar" has (10)
defeated testimony — & so wrapped
in paper (arsenic green or yellow)
wall or even ^{colored} wrapper p.

Results of analysis kept
in hermetically sealed tubes.

Notes needed, for lapse of time.
At time, or very soon after, ^{Dr. Aileen omitted this, in part at least, in Wharton case.}

Used in testimony, but not depended
on apart from memory; avoid erasures.

Medico-legal reports should be
concise, exact, with dates & all items, &
in language intelligible to unprofessionals,
& without comments, — but with con-
clusions, if clear. Answer especially
these questions: ^{was the} What Cause of death?

(11)
What proves this? Why ~~not~~
not from natural causes? &
these ^{statements give} medical facts in medical-
legal report — unless "moral" ^{circumstances} ~~circumstances~~
have been asked for. And, one's
own facts, not second hand or hear-
say. Also, facts, not conjectures
or probabilities. Avoid especially
exagg., & as far as possible even
comparative epithets — & technical
terms — as medical legal reports
go to ~~medical~~ medical persons. A
learned judge has been known to ask
a medical witness what was the "ali-
-mentary canal."

A Report of a chemical ⁽¹²⁾
Analysis, in case of suspected
poisoning, — will require the
following items:

1. When ^{was the} received —
2. Of whom, & how?
3. In what state — secured or exposed?
4. Quantity of it, exactly.
5. Where & how kept till analyzed?
6. Where & when the analysis?
7. Alone, or ^{not} who ^{was} with you?
8. Physical characters of the material.
9. Processes & tests (in outline) ^{used}
in analyzing it & results.
10. If a poison ^{what is} it pure, or mixed?
11. How strong, or dilute?
12. Quantity of it found?

13. ~~Is it possible~~ Might (13

not the alleged poisonous material be
(if in small quantity) naturally in the
body? E.g., Sulphocyanogen in saliva, not from prussic acid.

14. Might it not have been given
as a medicine? Fowler's Sol., e.g., arsenical,
or Antimonial wine, or Cox's Hine S. sup.

15. Might it not have been intro-
duced during the analysis? Or by
injection to preserve the body? Or
by contact of something while the body
or parts of it were kept?

16. How much of the ~~discovered~~ poison
would be necessarily fatal?

Inquiry for a coroner's inquest ought
to be as sedulously carried out by a
Physician engaged as if for a trial in
Court — because the issue of such
a trial, may be predetermined by the results
of the inquest.

14) In Philada., it is now usual for such inquiries to be conducted by a professional man chosen by the Coroner for the purpose on the ground of some special fitness & experience; and, if the choice be a good one, this has decided advantages.

I understand the principle of common law to be, that whether or not any physician shall appear in court to give a scientific opinion upon medical facts not coming otherwise necessarily before him, is at his choice or option. But, when the facts of

a criminal case have ^{directly} come under (15)
his knowledge in the course of his
business — he cannot refuse to
be a witness — & then his profes-
sional preparation makes of him
necessarily a skilled witness:
he is summoned under a subpoena to testify.

In English law practice a
special fee is due always to a
skilled witness. In certain cases
at least, under the laws and
practice of Pennsylvania, experts
charge fair fees, according to
the time, labor and skill required,
for autopsies & chemical analyses in
capital cases. But it might prove

16) inconvenient, & ~~is~~ risking
~~incurring~~ loss by damages,
even if not a legal fine for
refusing to obey a ^{summons} Subpoena,
for a physician to decline to
give a professional opinion,
even on facts not before or other-
wise known to him except as they
are presented in court. → ~~argument~~ ⁺

The distinction between what is
matter of fact and what is matter
of opinion is, in legal affairs,
always important, and mostly easy
to draw; but sometimes they are
connected, or merge into each other. ^x

THE MCFARLAND INSANITY—CARD FROM DR.
HAMMOND.

To the Editor of The Tribune.

SIR: In reply to your interrogatory in to-day's TRIBUNE of "Is it true that Dr. William A. Hammond, once Surgeon-General of the United States Army, was engaged for a fee of \$1,500 to give the testimony that was lately reported from him in the McFarland case?" I have to state that it is not true.

It is true that I was called upon by one of the counsel for the accused more than a month before the trial, and requested to examine the briefs of the evidence that would be adduced, to answer certain questions which had been prepared, and to give my opinion upon the specific point of insanity. I declined to consider the case unless I could also examine the prisoner, and thus have the opportunity of basing my opinion in part upon his physical and mental condition.

I made seven examinations of him in the Tombs prison, had twenty-five long conferences with his counsel, several with the medical witnesses to facts, and devoted a great many hours to studying the points of the case, consulting authorities, and writing a full and elaborate opinion. The visits made and received, and time and labor employed, if with ordinary patients, would have yielded me a much larger compensation than were my fees in the case. When I had concluded, I rendered my account, and was urged by the counsel—who knew the extent of my labor—to make it larger than I did. I would have charged and received just as much if my opinion had been adverse, and I make that condition in every medico-legal case with which I have anything to do.

As it was, my opinion differed in several respects from that held by counsel, and I declared emphatically from the first, that if there was no circumstances anterior and subsequent to the homicide indicating insanity in the prisoner, my opinion would be against him, as I did not believe in the doctrine of temporary insanity as laid down in the Cole case. How far these circumstances were present can be answered not only from the testimony, but from the statements of his wife and Mr. Richardson. In receiving fees as an expert, I am not aware that I have done anything unusual. Every other medical expert in the case was paid in accordance with the time employed, and I presume my friend the District-Attorney agreed to compensate his expert in the McFarland case as he did those he employed in the Reynolds case, and as the District-Attorney of Kings County did those he called in the Chambers case. Every lawyer knows that such is the custom, and that the fees vary with the reputation of the expert for scientific knowledge and the time and labor bestowed upon the case.

As for myself, I do not wish to be engaged in medico-legal cases. The fees received are rarely, if ever, as remunerative to me as is my private practice, and many cases do not pay at all. But while I hold it to be my duty as a good citizen to testify at any sacrifice to facts, my opinions are my own, and I will not give them unless I please without a remuneration in some degree commensurate with the time and labor spent in their elaboration. Courts both in this country and in Europe have over and over again sustained this view. The system which at present prevails of each side paying its own experts, may not be the best. I am inclined to think it is not. I did not create it, however, and am not responsible for its continuance.

In conclusion, if you or any one of your editorial staff will call at my office any day between 9 a. m. and 1 p. m., I will engage to convince him, by allowing him to examine my books, that my fees in the McFarland case (which did not amount to a sum at all approaching \$1,500) were not only not exorbitant, but were not what I am in the habit of receiving from private patients for a corresponding amount of time and labor. I am, very respectfully, your ob'd. serv't,

WILLIAM A. HAMMOND.

No. 162 West Thirty-fourth-st., New-York, May 23, 1870.

And sprinkled with ashes, to make the land sweet,
With lime and some bone-dust to fatten the wheat.
The next, in rotation, a crop of red clover:
When blossoms are fragrant, then let the plow cover.

A six-years' rotation now beareth the sway,
And showeth the tiller a progressive way:
A six-years' rotation will cattle increase;
Will multiply bushels and debtors release.

A six-years' rotation, when fairly begun,
Will harvest two bushels where now groweth one.
In a six-years' rotation, as all will agree,
Two years' yield of clover is better than three.

When poor soil needs succor, to keep the land clean,
Grow clover and sowed corn to turn under green:
But where fertile muck and light soils abound,
Arrange the rotation as suiteth the ground.

AGRICULTURAL.

AMERICAN INSTITUTE FARMERS' CLUB.

Session of May 24, 1870.—N. C. Ely, Chairman;
Jno. W. Chambers, Secretary.

Some who are always with us in cool weather are now hard at work—for instance, F. M. Hexamer, in his potato fields, where he has more than 200 sorts, and P. T. Quinn dressing that pear orchard of his that gives better returns than any other in the country. We ask of our correspondents, whose favors are ever welcome, to time their letters and suit the season. For instance, this is not so proper a month as November for talk of steaming boxes and boiled potatoes. We would know of the readers of this report their views on early or late cut hay, on the time for getting the cutter bar into the wheat field, how the best butter is made in hot weather, how to keep cows from falling off when the dog star rages, how to manage work-horses so as to keep them in flesh all Summer, and the best way of getting large framed hogs before the corn hardens.

THE LOCUST FOR ROCKY GROUND.—D. Turner, Connellsville, Pa.: In many rock-bound neighborhoods this variety of tree can be grown with great profit upon land almost worthless for other purposes. He has found, in fact, that gravelly or stony knolls and hillsides are most suitable, and that locusts do best in a thick growth of their own or of other timber, because this has a tendency to make length. As to lack of hardness, there is no fear of that, and when the locust is in thick groves the borer does not so infest it.

FATTENING A POOR MILKER.—Enos Burt of Lawrence, N. Y., has "a most valuable new milch cow" which two years ago gave only a pint of milk daily for five weeks. Last season she was all right, but the present Spring she refuses to supply any of the lacteal fluid. She is eight years old, healthy, and fleshy. What is the matter, and what shall be done?

I.P. Trimble—I should think he had had that particular cow long enough to have learned that he could n't do a better thing than to prepare her for the shambles.

SHALL THE BIRDS BE SHOT OR FED?—S. P. Mer-

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(Beginning of 2nd Lecture, 1870.)

(17)

Suppose a medical witness
then, to be obliged to appear in
Court, in an important criminal
case, involving ~~the~~ the life of
a human being.

What he or she is to do - &
what not to do, it is well to

consider deliberately beforehand.

Be as well prepared as possible
in reference to facts, like

Dr. Reese was
ex. 10 hrs in
wharton case;
crossed &c.

any other witness, he is to give plain
brief & simple answers to all questions
put by counsel. -

What is not to be done is, to
volunteer statements not asked for,
or any comments or conclusions not demanded,

important fact -
ask (of the Court) to add
Sometimes, may ask
on the merits of the case.

18) Begin 2nd Lecture, 1871.
Continuing the subject of medical ethics.
Professional Secrets - X

(N.Y. & Missouri allow withholding)

Always request allowance to decline &c -
but the ^{general} principle of law seems to be that
places to be that when the interests of
justice require it all questions
must be answered except those
which would ^{any more (savage)} incriminate oneself.
Public justice is above private interest or choice.

An analogous question is that of
how to deal with the case (or
faculty to suppress but which has
happened) of ^{another person, e.g.} poisoning by a phys-
-ician, suspected by another phys-
-ician attending with him upon the same
case. Etiquette? No! But caution

not to do harm by hasty procedure (19)
on unfounded suspicion. If
positive, generally tell the patient.
Such cases are on record: — both of the
omission, with fatal end, — ^{1st} the
precaution, with cessation of ^{2nd} the
symptoms. ^{2nd} Wharton case, 1872-3 —

Physicians must, ^{again} take care of
their own lives ⁽²⁾ & reputations ⁽¹⁾
with (Dying patients) under their care.

Dr Schappe's case —

General history of it —

as a good & instructive example —
Also Wharton case, Baltimore, 1871-2.

20) In my evidence before court, -

1. Examination in chief, &
without leading questions -

2. Cross-examination, -
with the most leading questions &
then sometimes 3. Re-^(re-direct) examination

~~or most safely~~ or
to rebut cross-exam.

The most important precept is,

Be simple, straightforward, -

Cool, and patient - ^{or at least should}

^{- least said, soonest mended -}
The judge must protect from

extreme outrage by the lawyer -

When ^{an} opinion is to be given express-

-ly, - Study up the case well before-

hand - but use the knowledge possessed

only as demanded - don't obtrude it,

even when relevant - of course not otherwise.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 13, 1875.

EDITORIAL.

PROFESSIONAL SECRETS.

XO
THE case of Dr. Linton has already been fully detailed in the columns of this journal, but, as a very serious principle is involved, it seems right that further notice should be taken of it. Our readers will remember that the doctor, having been called to a woman suffering from abortion, attended without asking questions, but, two days after the miscarriage, was told by some neighbor that Mrs. — had had an operation performed on her. The foetus was removed by Dr. Linton, and preserved in alcohol. Without detailing again the unnecessary and unjustifiable indignities that were heaped upon Dr. Linton for not reporting this case to the authorities, it suffices to state that at present he is under bail to appear for misprision of felony, because he, "knowing a crime had been committed, had failed to notify the authorities," and because "he had destroyed evidence by removing the foetus." The last plea of the assistant district attorney is childish. No one but a pettifogging lawyer could perceive that preventing a foetus from being thrown out with the clots into the cesspool and preserving it in alcohol was destroying evidence. Owing to this "destruction of evidence," the *corpus delicti*, which in the ordinary course of events would have disappeared from the face of the earth, is now in good spirits, as, we presume, is also the magistrate in whose keeping it is.

His Honor Judge Briggs, before whom the case was brought by a writ of habeas corpus, decided against the prisoner, who was remanded for trial.

It is evident that Dr. Linton has in this

instance acted precisely as any other physician would have done, and that the question involved is whether it be the duty of a physician in the course of his practice to appeal to the authorities because he has had reason to suspect the commission of a crime. Underlying this question is another one: Is it the duty of the physician to betray professional secrets upon the witness-stand? In New York there is a provision of law "that no person duly authorized to practise physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." The French Codex is even more imperative, making the disclosure of these professional secrets a penal offence, punishable with fine and imprisonment.

In the absence of any especial statute, probably the English law or custom would control our Pennsylvania courts. In England the decisions appear to be that the medical witness upon the stand is required to answer such questions as may be put to him, but not to volunteer any statements.

Justice and legality are very different things, but we have not to-day space to discuss the very wide question as to whether the English or the French law in this regard is the correct one. It seems, however, clear that if any physician is determined not to reveal professional secrets in this commonwealth, he must make up his mind to suffer for what he believes to be the right.

Essentially diverse from the point just discussed is that involved in the decision of Judge Briggs. The practice or study of law not being the profession of the editor of the *Times*, it appears somewhat presumptuous to discuss the question; but it seems to be a common-sense inference from the English law that a doctor should not be expected to inform on his patients. If

he be not allowed to volunteer testimony when on the stand in a criminal prosecution, much less should he be expected to volunteer the testimony to originate the prosecution. Whatever may be the law, there can be, in our opinion, no doubt as to what is the right. Rome holds inviolate the secrets wrung out at the confessional by the fear of eternal punishment, and has forced the law to recognize this secrecy; and the medical profession can certainly put down any attempt to make it atone for the serious defects of our detective police. The legal or judicial profession simply stultifies itself when it asks that the medical profession should betray the secrets brought forth by mortal peril, although it itself upholds and acts upon the theorem that the greatest villains ought to be defended in every possible way, even to taking advantage of the veriest quibbles concerning technicalities. As well ask a lawyer to reveal upon the witness-stand the secrets of his client, as to demand betrayal by the medical attendant. Yet Judge Briggs would punish as a criminal the doctor who does not volunteer such betrayal.

The life of a physician who should comply with the decision of our learned judge would not be an enviable one. The notes of his day's work might read somewhat as follows: "Mrs. S., aborted yesterday; inquire into circumstances, and report to police. Mr. J., with a chancre; to be reported for adultery. Miss S., confined; report to police, that her companion may be arrested. Mr. T., called with cut head; case of assault for police. Mr. D., debauch; case of drunkenness for central," etc., etc.

The thing is too preposterous to need discussion; and we are very glad that the Philadelphia County Medical Society passed a resolution authorizing their committee to employ counsel and to resist to the utmost this attempt to degrade the physician to the position of a spy and informer.

WHILST only the prospect of preventing a homicide or similar crime of magnitude about to be committed can ever justify a physician going to the police with knowledge acquired in the pursuit of professional duties, it is plainly not the duty of the doctor to cover up crime. Nothing should induce him to lend himself to such a procedure. In suspected homicide he should refuse to fill up the death-certificate, and, perhaps, notify the coroner; but here his duty ends. It is the province of the police to attend to the matter after this.

WE desire to call the attention of the editors of the *Boston Medical and Surgical Journal* to the fact that the *Medical Times and Gazette* and the *Philadelphia Medical Times* are different periodicals. We would be pleased to have them remember this in accrediting extracts. In a late issue (No. 17), on one page we appear as the *Medical Times and Gazette*, on the next page as the *Medical Times*.

THE system of preliminary examinations is now fairly established in the Medical Department of Michigan University. Out of one hundred and thirty-five applicants the present session, twelve were rejected.

LEADING ARTICLES.

THE CHOLERA EPIDEMIC OF 1873.*

BY joint resolution of Congress, adopted March 25, 1874, it was ordered that a medical officer of the army, in connection with the supervising surgeon of the Marine Hospital service, should ascertain the facts concerning the spread and mode of propagation of cholera as it occurred

* The Cholera Epidemic of 1873 in the United States.

(1) Introduction of Epidemic Cholera through the Agency of the Mercantile Marine.—Suggestions of Measures of Prevention. By J. M. Woodworth, M.D., Supervising Surgeon U.S. (Merchant) Marine Hospital Service.

(2) Reports prepared under the direction of the Surgeon-General of the Army. a. History of the Cholera Epidemic of 1873 in the United States. By Ely McClellan, M.D., Assistant-Surgeon U.S.A. b. History of the Travels of Asiatic Cholera. By John C. Peters, M.D., of New York City, and Ely McClellan, M.D., Assistant-Surgeon U.S.A. c. Bibliography of Cholera. By John S. Billings, M.D., Assistant-Surgeon U.S.A. Washington, Government Printing-Office, 1875.

Met if a physician, through knowledge professionally obtained, can anticipate and prevent crime, even by information, this ought certainly to be done.

Cross-ex. shows either - the strength of the lawyer (2)
& weakness of the witness - or failure of the lawyer & strength of the case.
Cross-ex. - leading qn. -

witness for pros. or for defend. - ? Facts &

true opinions, witness of the truth. So I would

reply if asked before hand to appear as a witness.
Counsel in cross-ex. ^{frequently} treats witness ^{whenever} as

enemy; often mercilessly, - & craftily, for
use with jury.

↓
(Jury trials: - an advance upon
medieval ordeal, - but, now behind
the progress of our age. We need
a jury of judges; and ^{even} then will not
have certainty or infallibility.
also, commissions of experts all through
poisoning & insanity cases.

Cross-ex. tests accuracy of memory &
definiteness of statement, & in skilled witness,
the grounds of his opinion. Usually his

Or witness
plan - pl. / def. /
Court
expert, a court to try S.D. case.

2) Qualifications, experience, ~~the~~ Skill & knowledge, or opportunities for such, are inquired into. Important witnesses only are very likely to be cross-qu.

Witness must not be biased by thought of consequences of testimony. ^{inclined so,} Naturally, ~~in~~, in cases of cap. punishment.

~~Witnesses~~ don't make or carry out the Law.

Medical witnesses is advised not to cite authorities of his own accord. He may be asked to do so. Quotations from scient. books may be used to him, who assent or dissent asked for; also his account of the standing of the author.

Cross-examiners sometimes try to (3)
take advantage of a witness, as by

reading part of a sentence, &c.
As necessity knows no law, so law (in pleading) knows no necessity.

Witness may choose whether or

not to continue in attendance during the

whole trial of the case. For information,

it may sometimes be important to
form

a skilled juror.

Misrepresentation by counsel of

what a witness has said, may be
made for fraudulent purpose.

Should this occur while the witness
is under ex, - he should ask permis-
sion of the judge to rectify it. If it

34) happen at any other time, it is the
Duty of the judge to correct it. — but,
if this be overlooked, I do not know
that there is any remedy which
the witness can apply; unless privately,
thru' some "friend at court", acting on the judge or judges.
Intimidation is sometimes tried.

Simple adherence to the known truth
without any addition ~~whatever~~
under all circumstances is the line and
now to meet this. ~~What must must must~~
~~What must must must~~

If not sure of the fit answer
to a question asked, say that you are
not ~~not~~ able to answer it positively.
Then, if a probable ^{or qualified} view be demanded,
you may give it as such.

In answering qu., by counsel
for one side or the other, the
^{as intimated already,}
witness should make no difference
^{or matter.} in manner. In either case, he is
simply to state the truth. The ~~counsel~~
are ^{for} of different purposes. By the theory
of the law, ^{the} ~~counsel~~ ^{attorney or legal officer} for the Commonwealth
is bound to discover the truth about
the case & maintain the cause of justice
against the ~~accused~~. Counsel for defendant
undertakes to support his cause,
& according to usage, ^{but not in very bad sometimes,} ~~unscrupulously~~.
^{he often does it}

When a question given allows of the answer
"yes" or "no" - add nothing. Don't
reply to qu. expected but not given. And do.

~~Do~~ not get into an argument with the
counsel, nor give a discourse on the
case. All such may be regretted
when the cross-ex. comes. Stick ^{just} to
what you ~~know; say that~~ ~~you know~~.

Twitchell case: blows of poker
on head — ~~blood coagulates, how long~~
~~after death~~ — how would a blow sprinkle
a garment, — & what appearance would
carrying a bloody body produce on clothes, &c.

Common sense
Avoid technical terms in oral testimony,
yet more carefully than in written
report. Avoid everything that is ambiguous.
For example, — a witness once said in
court, that on examining the plaintiff, he
found him suffering from a severe contusion
of the integuments under the left orbit, with
great extravasation of blood and ecchymosis

in the surrounding cellular
tissue, which was in a tumefied state; also,
considerable abrasion of the cuticle.

Said the Judge: "You mean, I suppose,
that he had a ^{bad} black eye?" "Yes."

Then why ~~not~~ say so at once? "And

~~the fact is that he had a black eye~~ ^{from 2} ~~the fact is that he had a black eye~~ ^{Lect. 1872}

our next subject is that of inquiry concerning
the Cause of Death, especially

Sudden death. Possible modes of sudden death
are

1. Syncope - by heart:
Hemorrhage - Disease of heart - wound of heart -
Tobacco poisoning -

2. Asphyxia (Apnea) by lungs
Drowning, strangulation, suffocation, chloroform, etc.

3. Coma - by brain: apoplexy,
Opium, Camphor, Cantharis, alcohol, etc. -

Nature of each; - special post-mortem

~~appearances~~. Complication of them in some cases.
Prussic acid - death by asphyxia.

~~8) Ascertainment of the actual fact of death. is Signs & proofs of death.~~

~~1. Cessation of breathing & circulation.~~

~~2. Cooling of the body~~

~~3. Cadaveric rigidity - Rigor mortis.~~

~~4. Putrefaction.~~

(next, Poisoning - Emmal Considerations).

Post mortem appearances different in these, but often complicated.
Appearances of heart in Sync., apn., coma,
are noticeable

In Syncope, both ^{ordinarily} ~~ventricles~~ ^{ventricles} full, - &
blood in large veins & arteries near the heart.
Heart not emptying itself. —

In Apnea (asphyxia) right aur. & ventr., pulm. art.
& ven. cav. gorged, — pulm. veins & left cav.
— lies empty or near so. In sudden ^{forced obstructive} apnea,
flow of blood ^{stopped} arrested in lungs — & both right
& left hearts ^{nearly or quite} empty. "Syncope asphyxia!"

Dr Guy regards some poisons as acting fatally on lungs.
This seems to me not to have been fully proved.

In Coma — accum. on right side of heart — as
in apnea — because apnea is the immid. cause of
death. Mutual dependency of heart, brain & lungs.

After breathing has ceased, heart may go on
to act for two or three minutes ^{Continued} Heart arrest is death.

Apoplexy — hydrocephalus — narcosis —

Compress. of Brain from fracture of skull — ^{all} Coma.

~~Brain appearances occur peculiar to each of these — making~~
~~part of the study of pathological anatomy.~~

Brain appearances occur peculiar to each of these — making
part of the study of pathological anatomy.

They droop as well
in deep mines, with
the exclusion
of bad air.

→ Signs & proof of death . ←

1. The heart is aluminum moriens. But?

visibly & more tangibly, breathing stops first.

Never more than 5 minutes heart beats after ~~of~~
arrest ^{of breathing} in a human being. [See one reported
exception]

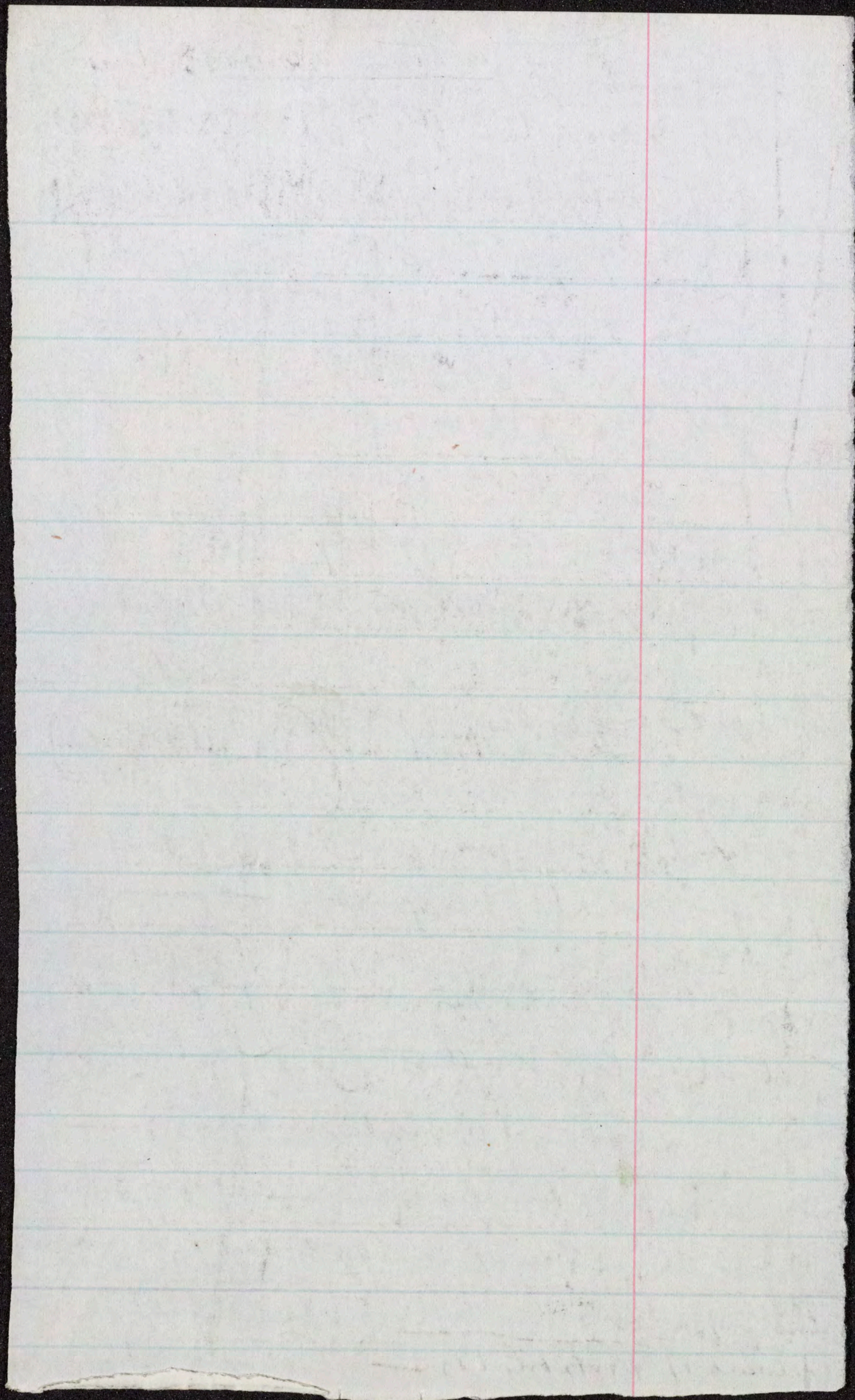
Dr Taylor says "it is impossible to ad-
mit that the heart can remain for even half
an hour in a state of inaction in a human
being, and then spontaneously recover its activity."

Dr Eury & others allude to Col. Townes's
case — Dr Taylor does not mention it —
Dr Carpenter does in his Physiology —
Chayne its authority — (give substance of it)
Dr Eroux; — & Chas. H. —

"Rakers" of India — Jour. of Psych. Med.
1869 — "Trance" case ^{last year (i.e. 09-70)} ~~now~~ in N. Eng.

Carpenter half admits them!
young girl a week dead yet warm &
natural looking & without putrefaction beginning.

Some error of observation & inference: —
experience is too positive. — Always doubtless
such statements — if you see the things, be sure
that you don't see all & understand them.
Balance of probabilities — (supplies &c) —



frequently happens that the calibre is not more than one-half occluded, while the holder innocently supposes that he is pressing with the same amount of force as at the beginning, owing to benumbed sensation.

The following gentlemen kindly assisted in the cure of this case: Drs. Curtin, Buck, Treacy, Brunet, Evans, Gleason, Caldwell, Kerr, Skilling, Witmer, and Parks, and Messrs. Klapp, Walsh, G. C. Smith, Almeida, and Murray.

113 SOUTH SIXTEENTH STREET.

REMARKABLE PERSISTENCE OF CARDIAC ACTION AFTER CESSATION OF RESPIRATION.

BY R. STEWART, M.D.

THE verdict recently rendered by a jury at Dover, Delaware, that a child had an independent existence although it did not breathe, leads me to publish the following remarkable case. Shortly after its occurrence, I gave a detailed account of it before the Sydenham Medical Coterie of this city, and since then it has been referred to by Dr. Seyfert, in his article on "Living Issue," in the *Medical Times* of July 3, No. 192, vol. v.

On July 4, 1872, about five o'clock P.M., I was called to visit a gentleman nearly 72 years of age, who prior to that time had enjoyed ordinarily good health. During the forenoon he had walked to the Park and back, a distance of some ten or twelve squares, and when he reached home he complained of great fatigue, heat, and some pain in the head. Of his own accord he took the contents of a bottle of citrate of magnesia. After prescribing for him, I left; but before eight o'clock I was again summoned, and upon reaching the house, a few minutes afterwards, I was informed that the old gentleman had just expired. He had arisen to make use of the commode, and was found upon the floor, being unable to reach his bed again. After being placed in bed there was an involuntary action of his bowels, after which he gradually became insensible, and ceased breathing just as I entered the room. I found the jaw fallen, eyes fixed, body cool, and the head hot. After looking at him for a moment, I said, "Yes, he is dead." On applying my ear to the chest I distinctly heard the heart beating slowly, at the rate of about twenty-seven to the minute. I at once attempted artificial respiration by alternately raising the arms and pressing the sides of the chest together, and I blew air and ammonia-vapor into his lungs. I was surprised to find that under this treatment the heart-beats became more frequent and forcible, while a general rigidity was becoming very apparent. After a short time had elapsed, I placed a small mirror over his mouth, and, although I held it there for some time, making careful and repeated examinations of its surface, I could find nothing to indicate that he breathed.

At this time I was called away to another patient, and did not return until ten o'clock, when, upon making another examination of the chest, I readily detected the pulsations of the heart. By making

pressure upon the thoracic walls, squeezing the ribs together, and then allowing them to relax, the pulsations were again increased in rapidity and force. I then inflated the lungs by closing the nostrils and blowing into the mouth, raising the arms above the head, and expelling the air by pressure on the chest, etc. By a constant repetition of these efforts I at last increased the force of the heart to such an extent that a radial pulse became perceptible. To this fact I called the attention of those who were present. The head was still warm, but the body had grown colder and more rigid, and on this account it was becoming more difficult for me to continue my exertions. I went away at 11.45, and returning between one and two o'clock A.M., I found the heart still slowly beating. I endeavored to press the ribs together, but the rigidity was so great that I found it an exceedingly difficult task. I struck the chest quite forcibly over the region of the heart, and indented or pressed the ribs quickly downwards, which again increased the heart's action, but less than it did before. The jaws were now fixed, tongue stiff, and the arms stiffly extended by his sides. Getting upon the bed, I found that by placing my hands under his head I could raise the entire body without any signs of flexion, and I repeated this act several times. By thumping and pressing upon the chest, I kept the heart in quite regular motion until nearly four o'clock, when I went away.

On returning, between five and six o'clock A.M., I could hear a slight throb, but very slow, and could not increase it. I then left, and when I returned a little after eight o'clock, there were signs of decomposition, by appearance, odor, and lessening rigidity. He was evidently dead *now*; but was he dead before?

After twelve o'clock the heart was made to beat more rapidly by external manipulation only, and not by any vapor forced into the lungs. In fact, from the first, pressure upon the chest at once increased the heart's action. It may be suggested that I was observing the rhythmical movements of the muscles of the chest; but such movements could scarcely be regularly and constantly increased without a *visible* motion, and yet give an audible throb like that of the heart; and much less could such an action produce a *radial pulse*. Furthermore, if muscular excitation is admitted as being probable, why should we exclude the heart, which is one of the most irritable muscles of the body? If he was alive, then cadaveric rigidity may take place before death. If he was not alive, then this is a remarkable instance of retained irritability of the heart after death. Is not respiration the fundamental requisite of independent life? Is it not the first indication of independent existence? If this man breathed, he was alive; if not, we declare him dead, whether the heart was irritated into action or not.

A very charitable explanation may be given by assuming that I was mistaken in my observations. To this I reply that I know I was not. This was not a momentary condition, but one lasting long enough for a calm and most careful examination. If a similar case is not on record, it does not follow that none such have occurred, as only circumstances lead to the publication of this. But it may be that

2. Cooling of the body — (normal temp. & variations in Disease — & after death — 98.5 up to 100°)
Typhoid (Taylor) 113° — Cholera 70° — 15 to 20 hours — diff. under diff. exposure & season — (chem. changes make heat)

after sudden death while in vigor,
slower cooling —

Cholera — (historical death — Dr B. Dowler M.D.)

Stroke — 112° Dr H. C. Wood

3. Rigor mortis — stiffening of the muscles after death.

It happens, during cooling. — at once
In death, all is relaxed — jaw — eyelids — be but contractile under electric current — or other stimulus —

Then, rigid: — (what is this rigidity? —)

Soft, flaccid; after which, decomposition; then, not contractile under electrical excitation.

Rigor extends to Musc. of organic life: — heart —

Sometimes misleading in autopsies; — concentric hypertrophy!

Strychnine hurries & shortens cadaver rigidity. So does lightning stroke. — In all exhausted states, rigidity early & short. In vigorous, late & long. In 5 to 6 hours usually — gradually passing off.

1. Lead Colic & Lead
2. Phosphor necrosis; - la
3. Dust gets in lungs, & a
4. Foul air breathed can
5. Want of air & light

The last work
ΜΕΤ' ΑΓΩΝΑ ΟΤΕΦΑ

4. Putrefaction —

what it is —

how it is shown — odor (cadaveric)

— discoloration — especially near blood vessels —

1st abdomen, then breast ~~B~~, face, neck, legs, & last, arms. (Scorbutic purpura of the war.)

Eases given out — in interior & even under skin — blood somet. escapes from wounds, after death. (old "ordeal!")

2nd or 3rd day in warm weather — 5th or 6th in cold — Differing with mode of death — slowest in vigorous — quickest in gradual death, unless much wasted away, — (Adipocere)

But the other 3 signs, with care, ought to verify death in all cases, without waiting for putrefaction. Suppose a case: —

heat (chill minor) heat, but — rigidity — loss of ducts —

1. The commonly accepted marriage, the consuetudinary, is followed by bad
2. Others have thought, the traits to be the only cause in the early ages of man marriages of relatives and no ill effects: and case in after times, monarchs of Egypt & Persia marry & their children deformed & have any good

But it is probable in the marriage itself

Because animals do closely, nor a plant for

Therefore marriages should be & is dangerous, which means

X

1871— We may add here incidentally,
Certain ^{asserted} New signs of death:

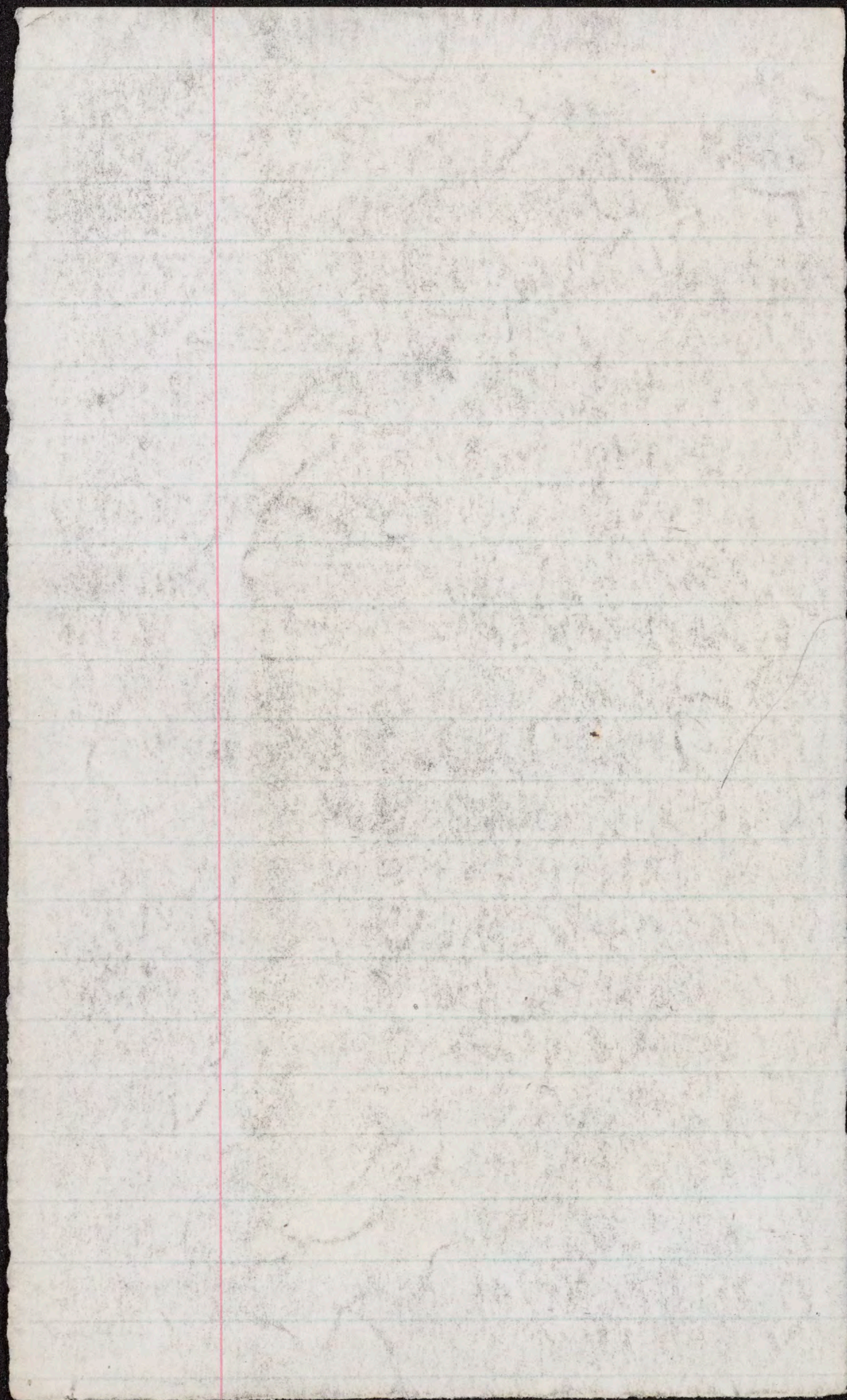
1. inaction of pupil when
tinct. of physostigma or
atropia
dropped into eye.
[not certain: we
may not be dead, 1873]

2. Non-oxidation & ^{not} rusting of
bright needle thrust into flesh.

Asserted, not yet fully tested
& confirmed.

1873 — Tying a string tightly around
a finger: if living, it swells.

1874 — Injection ammoniac strong sol.,
under skin; if alive, reddens at least, ~~but~~
vesicates; if dead, almost no effect of any
kind. (Mustard or cholera
collique)



Death of Muscle and Apparent Death.

Dr. M. ROSENTHAL (*Stricker's Medizinische Jahrbücher*, Part iv. 1872) has examined a considerable number of dead bodies by electro-puncture and otherwise, in order to determine the period of disappearance of the muscular contractility after death. As might be expected, the muscles do not lose their contractility immediately on the cessation of respiration, but retain it, according to the present author, from $1\frac{1}{2}$ to 3 hours. He found that the irritability of the nerves disappears much before that of the muscles, that is to say, direct stimulation of the muscles produces contraction long after irritation of the nerves has ceased to do so. It is remarked that among the muscles, the sphincter palpebrarum retains its contractility longest. The author confirms these views by experiments on animals. He produced muscular rigidity artificially by stopping the circulation in the legs; and found that muscular contractility was gone after about two hours. The contractility was gradually recovered when the circulation was allowed to resume its course. The various means of determining the occurrence of death are discussed by the author, and he comes to the conclusion that in doubtful cases, the surest means is by testing the muscular irritability by means of electric stimulation. He details a very interesting case of hysterical "apparent death," in which preparations were being made for the funeral, and these would probably have been completed, but for the strongly expressed opinion of the author. A young woman, after violent emotional disturbance, fell into an unconscious state, and was supposed to be dead; this opinion being concurred in by the medical attendant. The author saw her 30 hours after she had fallen into this state, and found the body cold, motionless, pulseless; when the arms were raised they fell heavily like those of a dead body. A very faint and doubtful sound was heard in the cardiac region, but no movement of the chest or respiratory murmur could be detected. A slight movement of the abdomen however was observed. The author found that the muscles reacted to Faradization, and as this was now 30 hours after the supposed occurrence of death, he gave it strongly as his opinion that death was only apparent. He recommended the application of friction, heat, etc., and the administration of coffee. He learned afterwards that the patient spontaneously awoke from her state of lethargy in about 44 hours. She stated after-

new, therefore, we observe that the tendons of the first series lose their power of extending the joint in ankylosis of the patella with the femur, in complete rupture of the tendon above and below the patella, and in transverse fracture of that bone. The tendons of the second series, inasmuch as they are only inserted into the lateral borders of the patella, are powerless to extend the joint in ankylosis of the patella, and in rupture of the tendon below that bone. They are, however, to a certain extent, efficient in rupture of the tendon above the patella, as well as in transverse fracture of the bone. The tendons of the third series can however, even in ankylosed patella, as well as in fracture or rupture of the tendon either above or below the bone, exert a certain influence in extension of the joint. It is to these chiefly that the orthopædist has to direct his attention after extending contraction of the knee-joint, with simultaneous ankylosis of the patella. Although their action is slight at first, yet through use the patient is at last enabled to extend the joint, notwithstanding the ankylosis of the patella. The combined action of the tensor fasciæ and gluteus maximus, along with that of the fibres of both vasti, which give off tendons to be attached to the tibia, is certainly able to some extent, though not completely, to replace that of the proper extensor of the joint.—*London Medical Record*, Dec. 3, 1873.

Double Spleen and Kidneys.

Surgeon-Major G. W. JAMESON contributes to the *Indian Medical Gazette*, Jan. 1, 1874, the following extract from the notes of a *post-mortem* examination performed on the body of Bickhoo, resident of city of Ghazepoor, on the 28th of October, 1873.

In addition to one healthy, well-developed spleen, there was a *second* smaller one, connected with the abdominal vessels by separate communications of its own, and situated between the ordinary spleen and the liver. The smaller was of a roundish shape, and had a distinct hilus.

Weight of 1st spleen	.	.	.	9 oz.	1 dr.	6 gr.
" 2d "	.	.	.	1 oz.	1 dr.	30 gr.

Besides the above abnormality, there were four kidneys; two of these were

Doct
Jameson

1874.]

MATERIA MEDICA AND THERAPEUTICS.

5

wards that she had no recollection of the onset of the attack, but that, later on, she was conscious, and heard and understood what was going on, but was unable to speak or move. The condition here is compared with that of nightmare, in which in spite of some supposed impending calamity, no power of speech or motion is felt to be possessed. The author claims that in this case the use of Faradization was the means of preventing premature burial.—*Glasgow Med. Journ.*, Jan. 1874.

to that of Dr. Russell Reynolds, Dr. Radcliffe, Dr. Hughlings Jackson, Dr. Ringer, Dr. Clouston, and himself. He might have added, among Germans, the strongly expressed opinion of the late illustrious Niemeyer in the chapter on epilepsy in the eighth edition of his work on medicine. All these authorities assign to the bromide a controlling action over epilepsy, and some extend their belief in its efficacy to other forms of convulsions, as well as in insomnia and restlessness. With regard to insomnia, Dr. Anstie, while admitting

PROFESSIONAL SECRETS.

THE Linton case has as yet made no progress, having been laid over at the last session of the court. Recently a similar case has been brought to our notice. A physician was called to an abortion, occurring, presumably, as the result of interference, in the person of a young unmarried lady, of position in society. On account of the gravity of the matter, he consulted a prominent lawyer, whose written opinion lies before us. According to this, "any word or act done with intent to prevent the discovery of the offence would render the physician liable to indictment for misprision; but the mere knowledge, professionally acquired, that such crime had been committed, and failure to discover it, would not be misprision, unless, indeed, the felony was perpetrated in his presence, in which case the law would require him to give notice as expeditiously as possible to a magistrate, and failure to do so would be misprision. 1 Hale, 374; 1 Hawk., P. C., c. 59; 4 Blk. Com. 121."

An incident published in *Le Progrès Médical* of January 8 illustrates very forcibly the workings of the French law. A Dr. Berrut offered for registration a birth, but refused to tell who the father and mother were, or at what house the confinement had occurred. The registration was refused, and the matter finally taken before the higher courts,—where it was decided that if Dr. Berrut had obtained the knowledge in the practice of his profession he could not be forced to reveal it. It was therefore ordered that the infant be registered as Louise Armande, born in the seventh arrondissement, parents unknown.

has been extensive in connection with Prof. Thomas's clinic and the gynæcological department of the Demilt Dispensary, as well as in private practice.

The latter part of it was devoted to hemorrhages incident to the puerperal state.

Retained placenta. He recommends the bi-manual operation for the removal of the placenta, and has also found the hypodermic use of ergot of great service. Where there is much exhaustion, he is in the habit of injecting forty minims of brandy with twenty minims of the fluid extract of ergot, and almost invariably with the best results.

Placenta prævia. In this condition we are first to endeavor to cause the active contraction of the uterus, the foetus serving as a tampon in the os; and, failing in this, we must dilate the os, and deliver as rapidly as possible.

Post-partum hemorrhage from inertia. Here his great reliance is the hypodermic injection of ergot, and compression over the uterus with the hand, which should be kept up by the nurse or other attendants in some cases for twelve or even twenty-four hours.

The paper was afterwards discussed by Professors Peaslee and Barker. The former spoke first of the relation of retroflexion and endometritis, and gave it as his positive opinion that the latter was never a cause of this or any other displacement, and that when they were both found present in any case, this was simply a coincidence. In order that retroflexion may be caused by the increased weight of the uterus, it is necessary that the parenchyma of the organ, and not merely the endometrium, should be affected by chronic congestion or repeated attacks of inflammation. Another point in pathology on which he differed from the author of the paper was in regard to the term "granular erosion." There was really no erosion, and certainly no ulceration, he said, but simply a granular appearance due to the hypertrophied condition of the normal papillæ of the os. When these become denuded of their epithelium, it makes them present the gross appearances of erosion and ulceration. His treatment of this condition is to cut down these so-called granulations with the curette and apply raw cotton to the surface. This hypertrophy of the external papillæ is almost universally met with in women who have borne children, but that of the papillæ just within the os, as a rule, is seen only in the female who has never been pregnant. Dr. Peaslee regards scarification

the most efficient agent for the

tions of fifteen thousand and ten thousand dollars respectively.

Assuredly, then, the party of progress, as did Saint Paul at the Three Taverns, may thank God and take courage.

NO. 208 SOUTH FIFTH ST., PHILADELPHIA,
APRIL 1, 1876.

DEAR SIR,—I enclose an opinion upon the question of the extent of punishment of one who knows of but neglects to disclose the crime of abortion. I regret that the matter has been so long delayed, and remain

Very sincerely yours,
A. SYDNEY BIDDLE.*

It was at one time held that to cause an abortion was murder, but the law was afterwards modified so as to regard it as a high misprision or misdemeanor only, not murder (4 Black., 198; 1 Hawk. P. C., 94); and it was, therefore, not technically a felony, which was a crime punishable by forfeiture of lands or goods, or both; but any doubt as to the exact position in the scale of crime was set at rest by legislation.

By the act of March 31, 1860, procuring or attempting to procure an abortion is made a felony. (Purd. Dig., 341, § 135.) The question is asked, What is the punishment, if any, for not disclosing the knowledge of an abortion having been performed? The offence seems to come within the definition of a *misprision of felony*; which is "a criminal neglect either to prevent a felony from being committed by another, or to bring to justice a person known to be guilty of felony." (Bish. on Cr. Law, § 507, vol. i.; 1 Russ. on Crimes, 45.) The penal code of 1860 prescribed no punishment for such an offence, although it prescribed generally for the punishment of accessories before and after the fact, a degree of guilt greater than a misprision, and less than that of a principal; but by § 178 (Purd. 371, § 298) it is provided that "Every felony, misdemeanor, or offence whatever, not specially provided for by this act, may and shall

* Mr. Biddle may not be known to some of our country readers as one of the most distinguished of the younger members of the Philadelphia Bar.

April 15, 1876]

MEDICAL

kindly been sent to us by some person unknown. It is signed by Fairman Rogers, Chairman, and is certainly a very able document. In it it is stated that weekly meetings have been held throughout the entire winter, that conferences have been had with both the Hospital and the Medical Faculties, and that information has been assiduously sought in various other quarters.

It is not necessary to reiterate the reasons assigned by the Committee for the conclusion reached. Every reader of the *Times*, every thoughtful medical man in the country whose perceptive powers have not been affected by long habit or by self-interest, is fully aware of the degradation which the colleges are bringing upon the profession.

The main point is that the opinion is openly and unanimously expressed by a very large committee of the Board of Trustees, that the University is bound in honor to the State, which has put the lives of its citizens in its hands, to change its curriculum, and that "the Committee believes that even if we were unwilling to make such changes, we should be forced into doing so by the action of other medical schools, unless we are content to see the University school take the second rank in a career in which it has always held the first place."

The Committee believes that the medical department should be ultimately reorganized upon the following basis:

"The time of instruction should be extended to three years; the diploma being granted after examination at the end of the third year.

"The annual course of instruction should be extended.

"The instruction should be graded substantially as follows:

"IN THE FIRST YEAR.

"Anatomy: with constant dissection.

"Physiology.

"Inorganic Chemistry.

"Materia Medica.

"Pathology.

"Histology.

be punished as heretofore." It has been held that this clause was intended to leave all other crimes and misdemeanors as they existed before the act. (*Comm. v. Mohn*, 2 P. F. S. 243.)

No other statute provision seems to exist in regard to this offence, so that it must remain now as a common-law offence, and punishable as such.

At common law "misprision of felony is taken for a concealment of felony, or a procuring of the concealment thereof, whether it be felony by the common law or by statute." "For this offence every person is punishable by fine and imprisonment at common law." (1 Hawk. P. C., 73, §§ 2 and 3; 1 Hale, P. C., 374.)

By the statute of 3 Edw. I. c. 9, the punishment for this offence in the case of sheriffs or bailiffs is prescribed, but none provided for in the case of common persons.

I have been unable to find a case in Pennsylvania upon the subject, but it seems clear that the offence still exists here as at common law, and as such is punishable as at common law by fine and imprisonment, at the discretion of the court. But this discretion would seem to be modified by our statutes. Blackstone says, iv. *121, "The punishment of this in a public officer, by the stat. Westm. I. 3 Edw. I. c. 9, is imprisonment for a year and a day, in a common person imprisonment for a less discretionary time, and in both fine and ransom, at the king's pleasure;" and Coke, in the 3d Inst. 140, says that "the concealment of felonies in sheriffs or bailiffs of liberties is more severely punished than in others, *viz.*, by imprisonment for one year, and ransom at the will of the king."

It seems, therefore, that if the punishment in the case of an officer is limited to a year and a discretionary fine, it would not be greater for a private person in England.

That part of the 3 Edw. I. c. 9, however, is not in force in this State. (Robert's Dig., § xx.)

Where death of the woman ensues from the procuring of an abortion, the punishment here is imprisonment not exceeding seven years, and a fine not exceeding five hundred dollars; and where death does not ensue, the punishment is imprisonment not exceeding three years, and fine not exceeding five hundred dollars. It would therefore seem that the punishment for the knowing of and concealing the offence of abortion is discretionary with the court to anything less than the full

Dr. Billington's treatment consists mainly in local disinfection, together with the most careful and unremitting watching and attention. The agents which he regards as most useful are the following, in the order in which they stand in his estimation: tincture of the chloride of iron, lime-water, and glycerin; and after them, salicylic and carbolic acids, sulphite of sodium, chlorate of potassium, etc. One formula which he uses in almost every case is as follows:

℞ Tinct. ferri chlor., f℥iss;
Glycerinæ,
Aquæ, āā f℥j.—M.

S. Teaspoonful every hour or half-hour.

Besides being very effective, it has the merit of being pleasant to the taste, which is a great desideratum for children, especially when the dose has to be so frequently repeated. If the child is under two years, one drachm of the tincture of the chloride of iron is enough, and if vomiting follows the administration of the medicine, it should not be given so often.

In connection with the above, Dr. Billington formerly employed the following:

℞ Potass. chlor., ℥iss;
Glycerinæ, f℥ss;
Liq. calcis, f℥iiss.—M.

A teaspoonful of this was alternated with a dose of the former; so that the patient would receive one or the other every half-hour. As a substitute for the chlorate of potassium mixture, he now generally uses the following:

℞ Acid. salicylic., gr. x—xv;
Sodii sulphit., gr. xxx—xlv;
Glycerinæ, f℥ss;
Aquæ, f℥iiss.—M.

Here the salicylic acid is rendered soluble by the addition of three times its weight of sulphite of sodium (borax also has the same effect), so that in this prescription we have the advantages of both these reputed antiseptics, which are indicated theoretically, and really seem to be of considerable practical benefit. It is of great importance that in every case in which it is practicable some sort of spray should be used upon the throat; and the most convenient instrument with which to accomplish this is the ordinary little perfumery spray-apparatus now in such general use. In order to annoy the child as little as possible, it is best to employ the spray immediately after a dose of the medicine is administered. The combination generally used by Dr. Billington is the following:

℞ Acid. carbolic., ℥x;
Liq. calcis, f℥iv.—M.

He believes that the nasal douche or syringe has saved many lives; and even when the nasal passages, apparently, do not seem affected, it is often useful in reaching portions of the mucous membrane inaccessible to the spray. If, therefore, the breath should remain fetid after the employment of the latter, it

The Post-mortem Appearances of the Stomach in Arsenical Poisoning.

Dr. ROBERT HARVEY, Surgeon in the Bengal Army, publishes in the *Indian Medical Gazette* an analysis of a large number of cases of poisoning by arsenic which occurred among the native population in India during the years 1870, 1871, and 1872, in which he gives some valuable information respecting the appearances presented by the mucous membrane of the stomach in different cases. He states that in the fatal cases the chief morbid appearances were, as usual, found in the stomach and bowels. In 150 out of 197 cases the stomach is noted as inflamed or greatly congested; in six it was slightly congested; and in thirty-six the Civil Surgeons who made the reports gave no particulars, or merely stated that the "usual appearances" were found. The degree of inflammation observed varied from a slight blush of redness to a deep ecchymosis covering the whole surface of the mucous membrane, and giving it an appearance resembling red velvet or port wine. In a large number of cases the inflammation was more limited, sometimes being confined to three or four spots, most commonly situated about the cardiac end, but in several cases near the pylorus, with or without radiating streaks of congestion following the lines of the rings. In one case the stomach was almost gangrenous, and in another the pylorus was thickened and gangrenous. According to the best authorities this last-named result is a very rare occurrence in arsenical poisoning. In ten cases the inflammation led to ulceration. This probably only takes place when a large quantity of the poison is taken on an empty stomach. Yellowness of the mucous membrane—the result of partial conversion of the arsenic into sulphide or of an admixture of bile—was frequently observed, and in several instances the stomach looked as if coated thickly with yellow paint. A green colour not unfrequently replaced the yellow. This was, doubtless, due to altered bile. In other cases the contents of the stomach were of a dark grumous or chocolate colour from extravasated and altered blood. It must, however, be remembered, says Dr. Harvey, that there is a class of cases, rare indeed, but sufficiently attested, where the arsenic exercises its powers primarily and exclusively on the nervous system, the patient dying, often rapidly, in a state of profound collapse or coma, and in which no local lesions whatever are found in the stomach or bowels. A non-congested stomach does not contraindicate arsenical poisoning. This point is of great importance, and should never be lost sight of, lest the true cause of death be overlooked. Chemical analysis will generally set the matter at rest, and should be resorted to in all cases of suspected arsenical poisoning when no local lesions are apparent, unless some other cause of death is plainly made out. In one case recorded in the returns under notice the only abnormal appearance was slight congestion of the brain and lungs. In another the mucous coat of the stomach exhibited no trace of inflammation, although arsenic was found in its contents on chemical analysis. In another the whole of the intestinal tract was healthy; and "nothing suspicious" was observed in another, although on analysis the stomach was found to contain arsenic.—*Med. Times and Gaz.*, May 27, 1876.

Medicine.		
Lardaceous Disease. By Dr. Hilton Fagge .	292	
Treatment of Diphtheria. By Dr. Cesare Ciattaglia .	294	
Use of Salicylic Acid in Diphtheria. By Dr. H. Schultze .	295	
The Physiological Pathology of the Brain. By Dr. Brown-Séguard .	295	
Apoplexy of the Spinal Cord. By Dr. E. Goldammer .	297	
On the Treatment of Chorea. By M. Fabry .	298	
Notes of a Fatal Case of Chorea Gravidarum. By Dr. Alex. R. Simpson .	298	
Treatment of Menière's Disease with Quinia. By Prof. Charcot .	300	
Whooping-Cough. By D. Octavius Sturges .	300	
Evidences of Pleurisy and the Quantity of Effusion. By M. Bouilly .	301	
On Chylous or Fatty Effusions on the Pleura or Peritoneum. By Prof. Quinke .	303	
Pathology and Treatment of Angina Pectoris. By Prof. Sée .	303	
Patent Ductus Arteriosus, attended by a Thrill and two Murmurs. By Dr. Headlam Greenhow .	304	
On Thrombosis and Embolism of the Abdominal Aorta. By Dr. Chvostek .	305	
Treatment of Chronic Diseases of the Stomach by Alkaline Injections. By Dr. James H. Hutchinson .	307	
Contributions to the Pathology of Acute Swelling of the Spleen. By Dr. N. Socoloff .	307	
Movable and Displaced Kidneys. By Dr. Wickham Legg .	308	
The Treatment of Enuresis. By Dr. Ludwig Fleischmann .	308	
The Anatomy of Lupus Erythematosus. Dr. Edward Geber .	308	
On Juniper Fumigations in the Treatment of Skin Diseases. By Dr. Cæsar Bæck .	309	
Surgery.		
On the Treatment of Congenital Syphilis with Ferrum Iodatum Saccharatum. By Dr. Monti .	309	
On Cesophagotomy. By .		315
Benign Tumours of the Breast and their Treatment. By Leon Labbé and Paul Coyne .		317
Recovery from Gunshot Wound of the Left Kidney. By Dr. A. R. Cummings .		318
Strangulated Inguinal Hernia Reduced by a Novel Method. By Dr. J. Holmes Joy .		319
Case of Congenital Absence of Rectum. By Mr. Maunder .		319
Cirroid Aneurism of the Head. By Dr. Wernher .		320
Osteotomy in Rachitic Deformities. By M. J. Bœckel .		322
Pathological Fractures. By Prof. Broca .		322
Midwifery and Gynæcology.		
The Treatment of Face Presentations. By Dr. R. A. F. Penrose .		323
Prolapse of the Arm in Transverse Presentations. By Dr. Frank Foster .		324
Abnormally Large Superior Strait, a Complication of Labour. By Dr. J. Suydam Knox .		325
Version in Contracted Pelves. By Dr. Ellwood Wilson .		327
Sudden Effusion of Blood into the Labia of Pregnant Women before Labour. By Dr. J. V. Ingham .		328
Case of Extra-Uterine Pregnancy. By Dr. Chabot .		329
Vaginal Hernia, or Vaginal Enterocoele. By Dr. Fordyce Barker .		330
Inversion of the Uterus consequent upon the Expulsion of a Polypus. By Dr. E. Martin .		331
Spontaneous Reduction of Uterine Inversion of twelve years' duration. By Dr. Thos. Chestnut .		332
Removal by Gastrotomy of Large Fibroid Tumours. By Prof. Hegar .		332
Medical Jurisprudence and Toxicology.		
On the Lead Line on the Gums. By Dr. Hilton Fagge .		334
The Post-mortem Appearances of the Stomach in Arsenical Poisoning. By Dr. Robert Harvey .		335

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HENRY C. LEA, Philadelphia.

X
Experts especially needed
for prolonged inquiry
Concerning alleged insanity
of criminal agents.

This has been long the ^{in France} practice — earlier than elsewhere.

That presumption ought to be, of sanity & accounta-
-bility: ^{things would be} easier so managed if not capital punishment.

Plea of insanity (valid enough in some cases) now
much abused, especially in this country.

(Expand) — Miss Harris at Washington
Mac Farland case in New York — & others — !

Confinement for life (as in England) should
be the uniform rule, when acquitted of murder on plea
of insanity. But I will return to the topic of insanity hereafter.

